

HOW TO REQUEST A QUALIFIED MEDICAL EVALUATION

If you are not represented by an attorney, you may request a medical evaluation to determine the extent of your permanent disability and need for future medical care. The physician performing this evaluation is called a Qualified Medical Evaluator (QME).

For injuries before 1/1/94, a QME performs the final permanent disability evaluation once your treating physician determines that your condition is stable. For injuries on or after 1/1/94, a QME is only used when there is a dispute over the treating physician's report.

To receive your QME list, complete the attached form and mail it to the Industrial Medical Council. To determine the specialty appropriate for your injury, you may ask for help from your treating physician.

You should receive your list of three (3) QMEs within fifteen (15) working days. These QMEs are selected at random. They do not represent your employer or the insurance company. You get to choose a QME from this list. The QME you select will examine you and write a report on your injury.

Please mail your QME request to: Executive Medical Director
Industrial Medical Council
P.O. Box 8888
San Francisco, CA 94128-8888
1-800-794-6900

Keep a copy for your records.

This form should not be sent if your claim has been denied.

If you need help, you may call an Information and Assistance Office. The local I & A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

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REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

Department of Industrial Relations
INDUSTRIAL MEDICAL COUNCIL
Request for Qualified Medical Evaluator
(please type or print)

Date of Request: _____ List only one date of injury: _____
(Requests without date/month/year of injury will be returned)

Employee Name: _____ Phone: (____) _____

Employee Address: _____
(Street)

City: _____ State _____ Zip _____

If currently residing out of state, list residence at time of injury _____
(city)

Nature/Kind of Injury: _____

Primary Treating Physician's Name: _____

Primary Treating Physician's Address: _____
(Street)

(Note: For injuries on or after 1/1/94, if your primary treating physician is listed on your panel you must call the IMC for a replacement since your primary treating physician cannot also be your QME.)

Employer Name: _____ Phone: (____) _____

Employer Address: _____
(Street)

City _____ State _____ Zip _____

Insurer or Claims Administrator Name: _____

Insurer or Claims Administrator Address: _____
(Street)

(City, State, Zip) (_____) (Phone)

Insurer or Claims Administrator Claim Number: _____

(This Section to be Filled out by the Injured Worker only)

Please list only one specialty (Insert three letter code from the back of this form)

Specialty Physician requested: _____
(Signature of Injured Worker)

PLEASE NOTE: Panels will be issued in the area of the injured worker's residence. If the injured worker resides out of state the panel will be issued in the area of residence at time of injury. If due to special circumstances another city is required please attach letter of agreement from the carrier and the city and zip code being requested.

If you do not receive a panel within 15 working days after this request is received by the IMC, you are entitled to select a QME of your choice. Send this completed form to:

Executive Medical Director
INDUSTRIAL MEDICAL COUNCIL
P.O. Box 8888
San Francisco, CA 94128-8888
(415)-737-2767

IMC FORM 12202 A
(Rev. 1/97)

Received by IMC
Date _____

For Use with the
QME Panel Request Form

MD/DO SPECIALTY CODES

NON-MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MAA	Anesthesiology
MRS	Colon & Rectal Surgery
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MGP	General Practitioner
MPM	General Preventive Medicine
MOH	Hand - Orthopaedic Surgery
MPH	Hand - Plastic Surgery
MSH	Hand - Surgery
MMM	Internal Medicine
MMV	Internal Medicine - Cardiovascular Disease
MME	Internal Medicine - Endocrinology Diabetes and Metabolism
MMG	Internal Medicine - Gastroenterology
MMH	Internal Medicine - Hematology
MMI	Internal Medicine - Infectious Disease
MMO	Internal Medicine - Medical Oncology
MMN	Internal Medicine - Nephrology
MMP	Internal Medicine - Pulmonary Disease
MMR	Internal Medicine - Rheumatology
MPN	Neurology
MNS	Neurological Surgery
MNM	Nuclear Medicine
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MOP	Ophthalmology
MOS	Orthopaedic Surgery
MOB	Orthopaedic Surgery - Including Back
MTO	Otolaryngology
MAP	Pain Management - Anesthesiology
MPP	Pain Management - Pain Medicine
MHA	Pathology
MEP	Pediatrics
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery
MPD	Psychiatry
MRY	Radiology
MSY	Surgery
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MPT	Toxicology - Occupational Medicine
MET	Toxicology - Emergency Medicine
MUU	Urology

ACA	Acupuncture
DCH	Chiropractic
DCN	Chiropractic - Neurology
DCO	Chiropractic - Orthopaedic
DCR	Chiropractic - Radiology
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology